

09/412140

TOP SLIP STAPLE AREA (for additional references)

| POSITION            | INITIALS  | ID NO. | DATE     |
|---------------------|-----------|--------|----------|
| FEE DETERMINATION   | <i>SD</i> | 600011 | 01/17/99 |
| O.I.P.E. CLASSIFIER | <i>SD</i> | 10     | 10/20/99 |
| FORMALITY REVIEW    | <i>SD</i> | 71476  | 10/20/99 |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     |          |      |
| 2     | -     |          |      |
| 3     | -     |          |      |
| 4     | ✓     |          |      |
| 5     | ✓     |          |      |
| 6     | N     |          |      |
| 7     | N     |          |      |
| 8     | N     |          |      |
| 9     | N     |          |      |
| 10    | N     |          |      |
| 11    | N     |          |      |
| 12    | ✓     |          |      |
| 13    | ✓     |          |      |
| 14    | ✓     |          |      |
| 15    | ✓     |          |      |
| 16    | ✓     |          |      |
| 17    | ✓     |          |      |
| 18    | N     |          |      |
| 19    | ✓     |          |      |
| 20    | ✓     |          |      |
| 21    | ✓     |          |      |
| 22    | ✓     |          |      |
| 23    | ✓     |          |      |
| 24    | ✓     |          |      |
| 25    | ✓     |          |      |
| 26    | ✓     |          |      |
| 27    | ✓     |          |      |
| 28    | ✓     |          |      |
| 29    | ✓     |          |      |
| 30    | ✓     |          |      |
| 31    | X     |          |      |
| 32    | ✓     |          |      |
| 33    | ✓     |          |      |
| 34    | ✓     |          |      |
| 35    | ✓     |          |      |
| 36    | ✓     |          |      |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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